

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FC 870-875)

SERIAL NO.

10 / 518644

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1	1				
4	1					
5	1					
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
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TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	10	↓		↓		↓
TOTAL CLAIMS	14					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						